



# Adult Day Care and Structured Day Provider Self-Assessment

## Instructions

You must submit a separate assessment for each of the following:

- a. Structured Day Program services provided in facility-based service sites including each satellite for which licensure is required under Minnesota Statutes, section 245D.27.
- b. Adult Day Services provided in:
  - Adult Day Care: licensed adult day centers and
  - Family Adult Day Services: licensed adult foster care or family adult day services homes

## Note:

The term “day service site” will be used to reference the location of services for Structured Day Program Services provided in a facility-based service site and Adult Day Care Services provided in an adult day center, adult foster home or family adult day services home.

The term “day service program” will be used to reference services (Structured Day or Adult Day Care) provided within the day service site.

Staff with personal knowledge of the Adult Day Care and/or Structured Day Program service site, must provide the information.

Submit all provider self-assessments electronically on or before **May 29, 2015**. Additional instructions are available.

Responses should be as accurate as possible. Immediate compliance with the new federal requirements is not required. The state will offer a transition period for providers who are not yet, but intend to, comply with the new requirements.

## Purpose of provider self-assessment

The Centers for Medicare and Medicaid (CMS) issued a new rule governing HCBS waiver services effective March 17, 2014. The rule defines settings in which HCBS services may be delivered, settings that are not HCBS and settings that are presumed not to be HCBS. Minnesota submitted a transition plan to CMS indicating how it will come into compliance with the new rule.

The rule and transition plan require Minnesota to complete an assessment of all provider owned and controlled settings to determine their level of compliance with the new requirements. CMS requires states to follow-up with on-site monitoring and to assure on-going compliance. Completion of this provider self-assessment is the first step in the process.

## The provider self-assessment is designed to:

1. Provide the state with information that will be used to develop measurable criteria for HCBS services in the future.
  2. Identify sites that are not currently in compliance with the rule.
  3. Identify settings that are presumed not to be HCBS.
  4. Help providers understand changes needed to comply with the rule.
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## Definitions

**CSSP addendum:** Plan that providers develop as required in Minnesota Statute, chapter 245D.

**Day service program:** Services (Structured Day or Adult Day Care) provided within the day service site and the community.

**Day service site:** Location (building) in which Structured Day Program Services or Adult Day Care Services are provided.

**Person:** Individual receiving services.

**Plan:** Plans developed by the lead agency certified assessor or case manager.

**Service delivery plan:** Plan for family adult day services as described in Minnesota Statute, section 245A.143 subd 5.

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## Navigation

A toolbar at the bottom of each page will help you as you complete the assessment.

1. Please disable any pop-up blockers when completing this assessment.

2. To move between pages, use the BACK and NEXT buttons at the bottom of each page. DO NOT USE THE BACK BUTTON ON YOUR WEB BROWSER!

3. To reset your responses on a current page, use the RESET button at the bottom of the page.

4. Use the SAVE button to return to the assessment on the same computer at a later time.

5. Use the PRINT button (found on the last page of the assessment) to print the completed responses for the assessment.

6. When you have completed the assessment, click the SUBMIT button at the bottom of the last page to return your completed responses to DHS.

Q1 **Provider information**

Name of provider as enrolled with Minnesota Health Care Programs	
Provider NPI/UMPI (10 digit #)	
Name of adult day care or structured day program	
License number associated with:	
245D Day Facility License	
Adult Day Service license	
Adult Foster Care license	
Board and Care	
FADS license	
Hospital license	
Nursing facility license	
Street address of adult day care or structured day program	
P.O. Box, if any	
City	
State	
Zip	
Taxonomy code for this day service location if there is more than one location for this NPI	
Provider FEIN	
Provider phone number associated with this NPI or UMPI as enrolled with Minnesota Health Care Programs	
Telephone number for the enrolled provider representative at this adult day care or structured day program	

Q2      **Contact information for the person who provided information for this assessment**

First name	<input type="text"/>
Last name	<input type="text"/>
Title	<input type="text"/>

Q3      **Frequency on site**

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

Q4      **DHS should contact the following person with any follow up questions:**

First name	<input type="text"/>
Last name	<input type="text"/>
Title	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Q5

**What services do you or are you enrolled and licensed to provide in this adult day care or structured day program? Check all that apply.**

☐

Adult Day Care (ADC)

☐

Family Adult Day Care (FADS)

☐

Day Training and Habilitation (DT &H)

☐

Prevocational Services

☐

Structured Day

☐

Supported Employment

Q6

**Please answer each question about this day service site.**

	Yes	No
Is this day service provided in a building that also provides licensed services as a hospital, nursing facility, Intermediate Care Facility for individuals with intellectual disabilities (ICF/IID) or Institution for Mental Diseases (IMD)?	<input type="radio"/>	<input type="radio"/>
Is this day service provided in a building, on the grounds of or immediately adjacent to a publicly owned or operated hospital, nursing facility, ICF/IID or IMD?	<input type="radio"/>	<input type="radio"/>
Is this service operating under a hospital, nursing facility, ICF/IID,IMD or Board and Care license (Adult Day Care only)? NOTE: If you answer yes to this question, you must obtain a license to continue to serve people who use waiver services.	<input type="radio"/>	<input type="radio"/>

Q7

Please answer this question based on average proximity of the day services site to typical community businesses.

	Within 5 blocks	Within 10 blocks	Within 2 miles	Greater than 2 miles
Bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors office/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House of worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grocery store(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other retail businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8

In addition to licenses indicated in question 1, please indicate additional licenses, certification or accreditation this site or program has. Check all that apply.

☐

245D Mental health certification

☐

CARF accredited

☐

MDH home care license - Class A, Class B, Class F, Basic or Comprehensive

Q9      **How many people are receiving the following services? Enter zero (0) for none.**

Adult Day Care Services (BI, CAC, CADI, DD and EW waivers)	<input type="text"/>
Structured Day Services (BI Waiver)	<input type="text"/>

Q10      **Please estimate the percentage of people currently served based on their primary disability or condition.**

	Do not currentl y serve	Less than 25%	Between n 25% & 75%	Greater than 75%
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementias or memory losses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disabilities (including but not limited to mobility challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**left characters left. Briefly describe the primary disability or condition.**

Q11    The following question addresses unrestricted facility access.

Please check if each facility feature is physically accessible and if the policy supports unrestricted use.

	Physically accessible	Policy supports unrestricted use	Feature does not exist
Common areas inside of the day service site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common outdoor areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking appliance, e.g. microwave oven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining/Break/Lounge area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refrigerator with freezer for private food storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q12    **The following address person-centered choices required in the federal rules.**

**Please indicate if written policies, documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan. Policies should explicitly address each area to assure a person's choice.**

**Each person is free to:**

	All currently implemented	All will be implemented by 1/1/17	Don't know
Come and go from the day service program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move in and around the day service facility (people are not restricted to one room or designated area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Each person has choice of:**

	All currently implemented	All will be implemented by 1/1/17	Don't know
How often they participate in social/community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Types of community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Types of social activities within the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where they eat (i.e. common dining area, kitchenette, outdoor picnic table)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With whom they eat or to eat alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13    The following address a person's rights to personal privacy, security and respect.

Please indicate if written policies, documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan. Policies should explicitly address each area, to assure a person's choice.

	All currently implemented	All will be implemented by 1/1/17	Don't know
All incidents of lost or stolen property are documented and investigated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment schedules, medications lists and all other personal information is private. This means the information is not visible to other program participants or visitors in public areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person has a place to secure their personal property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person has access to a telephone in a private area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff treat each person with respect in interpersonal communications (e.g. people addressed by their proper or preferred name, staff use respectful tone when speaking to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type, amount and process for staff sharing of information assures the privacy and respect of each person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When a person needs assistance with personal care, it is provided in private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 For the number of people in question 9, please indicate the average frequency they interact with community members by type of community interaction (onsite, community-based enrichment or skill development).

Type of community interaction:

	1 day per week	2-3 days per week	4 or more days per week	Less than 1 day per week
On-site interaction with community members who are not staff or people receiving services(i.e. book club, cooking, lunch with kids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-site (off of the grounds of day service site) community-based enrichment activities (recreational, social, cultural, volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill development/maintenance (i.e. social skills, transportation, completing purchases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

left characters left. Briefly describe frequency less than 1 day per week for on-site interaction.

left characters left. Briefly describe frequency less than 1 day per week for off-site interaction.

left characters left. Briefly describe frequency less than 1 day per week for skill development/maintenance.

left characters left. Briefly describe Other type of community interaction.

**Q15 The following questions address a person's satisfaction with services/supports.**

**Yes** **No**

Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?

☐☐

Do people know where to go to report dissatisfaction/concerns?

☐☐

Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?

☐☐

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After you have printed this assessment, click the SUBMIT button to complete the assessment process.

Please respond to this assessment by May 29, 2015.

Thank you for completing this assessment! We appreciate your assistance.